

**Directions:** Please complete shaded areas below.

Department Name: **CORRECTIONS & REHABILITATION**  
Project Name: **INMATE VIDEO VISITING**  
Project Amount: **\$50,000**  
Preparer Name & Contact Information: **Frank Brophy (786) 263-5859 fjb@miamidade.gov**

**Section B**  
**(Complete Only If Asking for Revenue from GF Capital or IT Administrative Fee)**

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**Improves Customer Service**

Increases hours available for inmate visiting  
Enables remote inmate visiting

**Impacts Citizens**

Decreases citizen travel to the jails for visiting. Increases hours available to citizens for inmate visiting.

**Improves Business Processes**

Decreases contraband brought into the jails by the visiting public. Decreases time spent by staff processing visitors.

**Strategic Alignment to the County's Goals**

**Improve Security** The public would be able to visit their loved ones without physically entering a County jail facility..

**Customer Service** Increases hours available for the public to see their loved ones.

**Departmental Participation**

CORRECTIONS & REHABILITATION specific.

**Risks**

None.

**Use of an Enterprise Infrastructure**

YES, METRO-NET

## Section C

### Financial Information

ETSD Dependencies (See Budget Manual)	FY05-06	FY06-07
Infrastructure	Existing	Existing
Application Programmer		
Database		
Telecommunication		
Radio		
Etc.		

Department Specific Costs	FY05-06	FY06-07
Personnel		
Hardware	\$40,000	\$1,500,000
Software	\$10,000	
Maintenance Fees		
Consultant Fees		
Etc.		